

State of Montana Department of Labor and Industry Unemployment Insurance Division Contributions Bureau PO Box 6339 Helena, MT 59604-6339	APPLICATION FOR VOLUNTARY COVERAGE FOR UNEMPLOYMENT INSURANCE		Agency Use Only UI Account No.
Business or Trade Name		Phone	
Address	City	State	Zip Code
Type of Service Business Performs _____ If you had employment prior to this application, please complete the following:			
YEAR	TOTAL WAGES	TOTAL EMPLOYEES	
2007	\$		
2006	\$		
2005	\$		
If you have not had employment prior to this application, please complete the following:			
ESTIMATED TOTAL WAGES		ESTIMATED NUMBER OF EMPLOYEES	
\$			
We do hereby request coverage under the Montana Unemployment Insurance Law as provided under section 39-51-1102 as follows: "An employing unit otherwise subject to this chapter or any employing unit for which services are performed that do not constitute employment as defined in this chapter may file with the department a written election that all services performed by individuals in its employ in one or more distinct establishments or places of business shall be deemed to constitute employment for all purposes of this chapter for <u>not less than 2 calendar years</u> . Upon written approval of such election by the department, such services shall be deemed to constitute employment subject to this chapter from and after the date stated in such approval. <u>Such services shall cease to be deemed employment subject hereto as of January 1 of any calendar year subsequent to such 2 calendar years only if at least 30 days prior to such January 1 such employing unit has filed with the department a written notice to that effect.</u> "			
Date		Date of Application	
We request the coverage become effective:			
Applicant's Signature		Title	
The above application for Voluntary Coverage has been <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved </div>		Effective Date	
By Unemployment Insurance Division of Montana			
Program Manager		Date Approved	